



*Please return to the City Finance Department
949 East Second Avenue, Durango CO 81301
Or Fax to (970) 375-5038*

OWNER RELEASE FOR UTILITIES

Account Number _____

Date _____

I would like the billing for water, sewer and trash removal for my property at

Property location

To be mailed to: NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

TENANT OCCUPANCY DATE _____

PREVIOUS TENANTS NAME _____

As owner of this property, I am responsible for these charges should the appointed person fail to pay.

I understand that the person appointed above may remove their name from this billing by notifying the City of Durango directly.

OWNER/AGENT NAME (PLEASE PRINT) _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

DAYTIME TELEPHONE NUMBER _____

OWNER'S OR AGENT'S SIGNATURE _____

Below this line for City use only

Changes requested by: _____

Remove after bill dated: _____

Date of change: _____